

Pregnancy Pillow Talk

Let's talk about massage treatment for a pregnant woman; how and why it is varied from other massage treatments, and how the choice of client lying position and pillow support can gain the optimum benefit during the massage treatment.

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The choice of client lying position and pillow support in pregnancy is informed so they gain the optimum benefit from their massage treatment. So often I hear that women think they will be lying on a massage table with a hole to place their belly in when they have a pregnancy massage! This misunderstanding is based on little or no experience with safe massage in pregnancy, and our aim is to re-educate our clients, as well as a wide range of health professionals such as obstetricians, midwives, doctors, physiotherapists, chiropractors, osteopaths, naturopaths and acupuncturists who still think face-down lying during pregnancy massage treatment is safe. Providing a detailed explanation of how and why we massage will alleviate some of the myths surrounding choices of lying positions.

Do you think a pregnant woman, when visiting her physiotherapist, osteopath or chiropractor, is going to tell them how she would like to be positioned for her treatment?

No. It's our role as the health professional to thoroughly assess and analyse the client's symptoms to then determine the optimum position to treat the area. The choice of the client's lying position should be treatment-focused, enabling the best outcome for the client.

Many therapists are using inadequate bolsters and pillow systems, including those designed for physiotherapy, chiropractic and osteopathy, where the client usually only lies in position for 10 to 15 minutes. These pillow systems are generic in size and need to be adapted for the pregnant client who is forever changing. We recommend using a variety of pregnancy-specific pillows and bolsters that will adequately support your client.



Educating your client on what is the most beneficial position for their treatment engages and educates them on the expectation of the massage and the overall benefits they will receive.

So why should a therapist provide pregnancy massage treatment in the side lying position as opposed to a prone or supine position?

The side lying position offers a range of very positive physical and psychological comforts for Mum, baby and therapist. This position enables easy access to all areas of the body - it is important to treat the whole body in pregnancy so the overall outcome of the treatment is wholly beneficial. Once the client experiences these comforts first-hand, pregnancy massage will no-doubt become part of her on-going perinatal support and care plan.

One of the most common pregnancy complaints is lower back pain, particularly as the term progresses from 2nd to 3rd trimester. The therapist should be looking for the best option to lengthen and ease the strain of increased lumbar lordosis, supporting both the lumbar and the abdomen. A side lying position places the lumbar muscles at ease and gently lengthens the intervertebral spaces, reducing the effects of lumbar pain while also supporting the abdomen.

Hip pain or pelvic girdle pain can be debilitating for some women in their pregnancy; some women describe lying on their back and turning over as being excruciating. Client comfort for treatment is essential, as women experiencing this type of pain will have increased pain and discomfort lying in the prone position.

Benefits to the client in a side lying position:

- Delivers a sense of nurture and comfort
- Maintains a connection between therapist-client-baby, with emotional integration
- Accommodates the increase in joint laxity
- Supports and eases the lumbar spine which has an increase in lordosis
- Supports the pelvis which has an increased anterior rotation
- Minimises strain on uterine ligaments and musculoskeletal structures
- Prevents increase in sinus pressure, increase in mucus and potential nose bleed.

Each client will have specific needs which require a deeper understanding of pregnancy, which is a broad and diverse subject. Through the specialist research developed and training delivered by Pregnancy Massage Australia[®], we can treat the more complex discomforts of pregnancy while our client and baby are in a position of comfort. The side-lying position allows safe access to the problem areas common in pregnancy, such as:

- Treatment of the complex hip and gluteal muscles
- Relieving sacral ligament pain and strain
- Balancing the sacrotuberous and sacrospinous ligaments – which are important in preparation for birth
- Easing pelvic girdle pain (PGP) and symphysis pubis pain (SPP) with supported pelvis position
- Reducing the strain of increased lumbar lordosis
- Placing the psoas muscle at ease
- Psoas muscle and lumbar extensors release
- Easy access to shoulder, neck and pectoral muscles to reduce the shoulder discomforts due to change in breast size and forward head position
- Easing the axillary breathing muscles including rib cage releases
- Abdominal connection and massage to support many changes including constipation, diastasis recti, lower back and thoracic pain.

Effects of extended prone (face-down) lying

Extended prone lying for a pregnant client can have adverse effects. For the uninformed massage therapist wanting to please their pregnant client, having them lie in the familiar prone position requires little attention to detail, but can have harmful effects. With a clear understanding of what is happening in pregnancy, you will be able to make informed choices for your client, with the treatment outcome as your focus.

Prone lying position for the pregnant client can aggravate the discomforts of pregnancy, and in the second and third trimester prone lying can increase intrauterine pressure. Lower back pain, hip pain and ligament strain are common presentations during pregnancy, so we need to support these changes and relieve their symptoms. Pressure applied to the lumbar region in the prone position will affect the intrauterine pressure and increase lumbar lordosis with shortening of the lumbar extensors and multifidi muscles. A flow-on affect will result in increased strain on the ligamentous structures, which maintain the correct position of the uterus and support the pelvis.

Supine hypotensive syndrome

During the first trimester the uterus remains within the pelvic cavity (unless a larger baby or twins). Once the pregnancy enters the 13th week concerns are raised to minimise the onset of supine hypotensive syndrome. The increased size of the uterus, along with the growth of the foetus, can place pressure on the inferior vena cava and interior iliac veins when lying in the supine position. Extended compression to this circulatory system lowers maternal blood pressure and decreases maternal and foetal circulation.

The mother will feel a sense of unease, dizziness, weakness, nausea, shortness of breath or other discomforts when lying flat on her back. Some mothers may not feel any discomfort, however there may be negative effects to the foetus with decreased foetal circulation, particularly when the placenta is embedded posteriorly (Ricci2009).

In order to prevent a supine hypotensive syndrome be sure to consider any risk factors - their prime healthcare provider may have placed restrictions on supine lying. If in doubt, treat in the side lying position.

Supine lying can be safe with the following guidelines (13 -22 weeks):

- The mother is well and has no circulatory conditions and the baby has no growth restrictions
- To minimise the risk of a supine hypotensive syndrome with a single gestation pregnancy place a small bolster (pillow) under the right side of lower lumbar and hip which will reduce the pressure from the uterus over to the left side, reducing compression of the vessels.

Safe supine lying position from 22 weeks:

- From 22 weeks onwards, the uterus is expanding and will compress the inferior vena cava. Clients must be placed in a semi-reclining position with a preferred angle of 45°-75°
- For a pregnancy with twins or an overweight client, you must switch to the semi reclining position from the first trimester.

Each client has specific needs, which require a deeper understanding of pregnancy. It brings me great personal joy to have the opportunity to share this time in a woman's life, and I look forward to seeing more massage therapists share in this joy. By being well-trained and seeing increased acceptance of massage as a key therapy for pregnant women, we will be able to share the positive benefits of massage before, during and beyond pregnancy.